

# SMP — State Maintenance Plan

Administered by Blue Cross & Blue Shield United of Wisconsin



## BlueCross & BlueShield United of Wisconsin

An independent license of the Blue Cross and  
Blue Shield Association

### What we are

The SMP program provides maximum health care coverage over a broad range of benefits in a managed care environment.

Each SMP participant selects a primary care physician who directs the health care services of the participant and family.

It is administered by Blue Cross & Blue Shield United of Wisconsin – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation.

### Where we are

In addition to our corporate headquarters located in Milwaukee, we have three regional service centers. We can answer questions about claims or benefits in our offices, by letter or by telephone. We also offer early evening/after work and walk-in customer service.

### Exclusions and Limitations

- Physical exams requested by third parties (i.e. school, insurance, etc.)
- Services or supplies for custodial care or rest cures
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or which are experimental/ investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Weight loss programs, services or supplies

- Organ transplants except as specifically provided
- Care covered by worker's compensation
- Reversals of sterilization
- Dental services except as specifically provided

### Plan features

- A formal referral from your primary care physician is required for all services outside the care of your primary care physician or clinic.
- Preventive dental and vision is available for children.

### Covered Services – no deductible:

- Hospital services (The Advantage Program requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission.)
- Maternity care
- Extended care facility (except custodial care)
- Surgery
- X-ray and laboratory services
- Office calls
- Routine physical exams

### Covered Services – paid at 80% after deductible:

- Physical, speech, and occupational therapy when necessitated by illness.
- Ambulance (First \$50 paid in full)
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to the Benefit Handbook available through your personnel representative or call us at Blue Cross & Blue Shield United of Wisconsin.

### Regional service centers

Customer service hotline for  
State of Wisconsin employees  
1-800-755-6400

#### Northeastern Service Center

145 South Pioneer Road  
Fond du Lac, WI 54935  
(920) 923-4141

#### Southeastern Service Center

401 West Michigan Street  
Milwaukee, WI 53202  
(414) 226-2233

#### Southwestern Service Center

19 West Main Street  
Evansville, WI 53536  
(608) 882-5967

#### Western Service Center

2270 EastRidge Center  
Eau Claire, WI 54701  
(715) 836-7737

Or e-mail us at our website:  
[www.bluecrosswisconsin.com](http://www.bluecrosswisconsin.com)

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Deductible: \$25 per person, per calendar year; maximum of two per family.

Major Medical Maximum is \$250,000 per lifetime.

Health Benefits	Plan Pays	Limitations
<b>*Physician</b>	100%	Selected primary physician or upon referral from primary physician
<b>**Hospital</b>	100%	365 days in semi-private room. Subject to pre admission certification
<b>Laboratory and X-rays</b>	100%	When requested by primary or referral physician
<b>Drugs and biologicals</b>	100% after copay	Copayment of \$5 for generic or \$10 for brand, paid at time of purchase. If using a non-preferred pharmacy, members must submit a claim for reimbursement. Copay accumulates to \$240 annual maximum per individual or \$480 maximum per family, then the plan pays 100%.
<b>Mental health</b>	100%	INPATIENT - 120 days or \$6,300 per calendar year, which ever is less. (Combined with alcohol and drug abuse)
<i>In 2002, annual dollar maximums for mental health services are suspended due to the Federal Mental Health Parity Act.</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year. (Combined with alcohol and drug abuse)
	90%	TRANSITIONAL - Of first \$3,000 per calendar year. (Combined with alcohol and drug abuse)
<b>Alcohol and drug abuse</b>	100%	INPATIENT - 365 days or \$6,300 per calendar year, which ever is less. (Combined with mental health)
<i>Maximum for all services is \$7,000 per calendar year, combined.</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year. (Combined with mental health)
	90%	TRANSITIONAL - Of first \$3,000 per calendar year. (Combined with mental health)
<b>Emergency room</b>	100%	None for emergency. Non-emergency requires referral.
<b>Extended care facility</b>	100%	730 days per admission less hospital days used. Excludes custodial care as defined by the contract.
<b>Vision care</b>	100%	For illness or disease only, and annual routine eye examines for children under age 18.
<b>Prescribed medical services/supplies</b>	80%	Subject to deductible
<b>Transplants</b>	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal, as listed in the booklet. Excludes all services related to non-covered transplants.
<b>Chiropractic care</b>	100%	Same as physician
<b>Ambulance</b>	100%	First \$50
	80%	Thereafter, subject to deductible
Additional Benefits		
<b>Physical, speech, occupational therapy</b>	80%	Subject to deductible
<b>Home hospice care</b>	100%	80 visits per six months
<b>Hearing aid</b>	0%	Not a covered benefit
<b>*Oral surgery</b>	100%	Subject to deductible
<b>Infertility services</b>	0%	Not a covered benefit
<b>Preventive dental care</b>	100%	Limited to children under age 12. Subject to deductible.

SMP covers services only when provided by or referred by your primary physician, except emergency care. SMP pays the percent of charge(s) shown above. Charge(s) means customary, usual and reasonable demands for payment for services or other items for which benefits are available, as determined by the Standard Plan administrator

\* Professional services are limited to \$10,000 per illness or injury, then major medical.

\*\* The Advantage Program requires prior notice of non-emergency hospital admissions or within 48 hours after an emergency admission. Failure to make this contact will result in a penalty of \$100.